

EL Read  
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **08-703718** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		0		0		
7		0		0		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		6		6		
15	1		1			
16	1		1			
17		2		2		
18	1		1			
19	1		1			
20		0		0		
21	1		1			
22	1		1			
23	1		1			
24		3		3		
25		3		3		
26		3		3		
27		0		0		
28		0		0		
29		3		3		
30	1		1			
31		1		1		
32		1		1		
33		2		2		
34		2		2		
35		2		2		
36		2		2		
37		2		2		
38		2		2		
39	1		1			
40		1		1		
41		1		1		
42	1		1			
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	15		15			
TOTAL DEP.		78		78		
TOTAL CLAIMS	59		93			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		10		10		
53	1		1			
54	1		1			
55	1		1			
56		0		0		
57		0		0		
58		0		0		
59		3		3		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

72

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		1				
105		1				
106		1				
107		1				
108		1				
109		1				
110		1				
111		4				
112	1					
113	1					
114	1					
115		3				
116		3				
117		3				
118		1				
119		1				
120		1				
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TOTAL IND.	3					
TOTAL DEP.	34					
TOTAL CLAIMS	34					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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